

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

(Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER
F3345(C)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

FROZEN AERATED PRODUCT

the specification of which (check only one item below):

- ☐ is attached hereto.
- ☐ was filed as United States application Serial No on and was amended on (if applicable)
- ☒ was filed as PCT International application PCT/EP2004/013414 on 24 Nov 2004 and was amended under PCT Article 19 on (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

COUNTRY (if PCT indicate PCT)	APPLICATION NUMBER	DATE OF FILING (day,month,year)	PRIORITY CLAIMED UNDER 35 USC 119
Europe	03257721.5	09 December 2003 (09.12.03)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that /those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code §112. I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations §1.56 (a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application.

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120.

U.S. APPLICATION(S)		STATUS (CHECK ONE)		
U.S. APPLICATION NUMBER	U.S Filing Date	PATENTED	PENDING	ABANDONED
PCT APPLICATIONS DESIGNATING THE U.S.				
PCT APPLICATION NUMBER	PCT Filing Date	U.S Serial Numbers Assigned (if any)		
PCT/EP2004/013414	24 Nov 2004			

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (continued)
(Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER
F3345(C)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

CUSTOMER NUMBER: 000201

Direct all correspondence to: CUSTOMER NUMBER 000201

201

Full Name of Inventor	Family Name ALDRED	First Given Name Alexander	Second Given Name
Residence & Citizenship	City Sharnbrook	State or Foreign Country United Kingdom	Country of Citizenship United Kingdom
Post Office Address	Post Office Address Unilever R&D Colworth	City Sharnbrook, Bedfordshire MK44 1LQ	State & Zip Code/Country United Kingdom

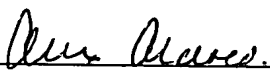
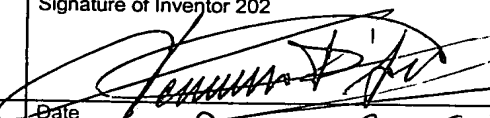
202

Full Name of Inventor	Family Name D'AGOSTINO	First Given Name Tommaso	Second Given Name
Residence & Citizenship	City Sharnbrook	State or Foreign Country United Kingdom	Country of Citizenship Italy
Post Office Address	Post Office Address Unilever R&D Colworth	City Sharnbrook, Bedfordshire MK44 1LQ	State & Zip Code/Country United Kingdom

203

Full Name of Inventor	Family Name EVANS (Deceased)	First Given Name Nicholas	Second Given Name Charles A
Residence & Citizenship	City Biddenham, Bedford	State or Foreign Country United Kingdom	Country of Citizenship United Kingdom
Post Office Address	Post Office Address NJS Consultants 44 Deep Spinney	City Biddenham, Bedford	State & Zip Code/Country Bedfordshire MK40 4QH/United Kingdom

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such wilful false statements may jeopardize the validity of the application or any patent issuing thereon.

Signature of Inventor 201 	Signature of Inventor 202 	Signature of Inventor 203
Date 28.06.2006	Date 28-06-2006	Date

Legitimation of signatories on reverse side

T.A. Bahr

Seen by me for the **LEGALISATION**
of the signature/s of

Alexander Abdul
Tommaso D'Agostini

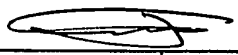
at Bedford, England

this 19 day of *September* 2006
T. A. Barker
Thomas Arthur Barker
Notary Public
My commission is for life

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION Supplemental Sheet
For Legal Representatives (35 U.S.C. 117) On Behalf of A Deceased or Incapacitated Inventor

Enter Deceased or Incapacitated Inventor's Name Nicholas . C . A . EVANS Page 1 of 1

Name of Legal Representative:		<input type="checkbox"/> A petition has been filed for this non-signing legal representative	
Given Name (first and middle (if any))		Family Name or Surname	
<u>JINGFEI WANG</u>		<u>EVANS</u>	
Legal Representative's Signature 		Date <u>15/09/06</u>	
Residence: City	<u>BEDFORD</u>	State	Country <u>U.K.</u> Citizenship <u>BRITISH</u>
Mailing Address <u>44 DEEP SPINNEY, BIDDENHAM, BEDFORD</u>			
Mailing Address <u>BEDFORDSHIRE MK40 4QH</u>			
City	State	Zip	Country
Name of Additional Legal Representative, if any:		<input type="checkbox"/> A petition has been filed for this non-signing legal representative	
Given Name (first and middle (if any))		Family Name or Surname	
Legal Representative's Signature			
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
Name of Additional Legal Representative, if any:		<input type="checkbox"/> A petition has been filed for this non-signing legal representative	
Given Name (first and middle (if any))		Family Name or Surname	
Legal Representative's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

This collection of information is required by 35 U.S.C. 117 and 37 CFR 1.42, 1.43, 1.63 and 1.64(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.